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Attorneys for Defendants

ALDERWOODS GROUP, INC., PAUL A.  
 HOUSTON, SERVICE CORPORATION  
 INTERNATIONAL, SCI FUNERAL AND  
 CEMETERY PURCHASING COOPERATIVE, INC.,  
 SCI EASTERN MARKET SUPPORT CENTER, L.P.,  
 SCI WESTERN MARKET SUPPORT CENTER, L.P.  
 a/k/a SCI WESTERN MARKET SUPPORT CENTER, L.P.

UNITED STATES DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA

CLAUDE BRYANT, CRAIG FULCHER, ) No. 3:07-CV-5696-SI

SANFORD LEVINE and THOMAS )

THOMPSON et al., on behalf of themselves )

and all other employees and former employees )

similarly situated, )

Plaintiffs,

vs.

**DECLARATION OF LIANA JENSEN IN  
 SUPPORT OF MOTION TO DISMISS  
 AMENDED COMPLAINT PURSUANT  
 TO FRCP 12(b)(2) AND FRCP 12(b)(6)**

ALDERWOODS GROUP, INC., PAUL A. )

HOUSTON, SERVICE CORPORATION )

INTERNATIONAL, SCI FUNERAL AND )

CEMETERY PURCHASING )

COOPERATIVE, INC., SCI EASTERN )

MARKET SUPPORT CENTER, L.P. SCI )

WESTERN MARKET SUPPORT CENTER, )

L.P. a/k/a SCI WESTERN MARKET )

SUPPORT CENTER, INC., SCI HOUSTON )

MARKET SUPPORT CENTER, L.P., and )

JOHN DOES 1-3, et al. )

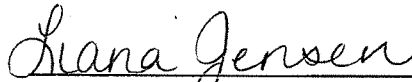
Defendants.

1 I, Liana Jensen, hereby specially appear in this matter for the sole purpose of  
2 moving to dismiss the Complaint and, in support of that motion, submit the following  
3 Declaration under penalty of perjury:

4 1. I am currently employed by SCI Funeral & Cemetery Purchasing  
5 Cooperative, Inc. in the position of legal assistant. I have held his position since  
6 September 2003.

7 2. I am the legal assistant assigned to work on the above caption case. As  
8 part of my job responsibilities related that case, I obtained copies of the Plaintiffs' W-2's  
9 they received for their employment. Attached hereto as collectively as Exhibit 1 are true  
10 and correct copies of those documents.

11 I declare under penalty of perjury under the laws of the United States of America  
12 that the foregoing is true and correct. Executed this 24<sup>th</sup> day of March, 2008, at Houston,  
13 Texas.

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16 Liana Jensen  
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**EXHIBIT 1**

a Control number 0000040241		OMB No. 1545-0008		1 Wages, tips, other compensation		2 Federal income tax withheld	
b Employer identification number 83-0344693		d Employee's social security number		3 Social security wages		4 Social security tax withheld	
c Employer's name, address, and ZIP code SC2 623 SCI FUNERAL & CEMETERY PURCHASING COOP I AGENT FOR SCI ARIZONA FUN P.O. BOX 130548 HOUSTON TX 77219-0548				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
				9 Advance EIC payment		10 Dependent care benefits	
				11 Nonqualified plans		12 a-d	
e Employee's first name and initial Last name JAMES W STICKLE 4667 WEST 19TH PLACE YUMA, AZ 85364-0000				14 Other		D	
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>			
15 State Employer's state ID number AZ 0741907163		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form W-2 Wage and Tax Statement

2006

REISSUE

a Control number <b>0000036780</b>		OMB No. 1545-0008		1 Wages, tips, other compensation [REDACTED]		2 Federal income tax withheld [REDACTED]	
b Employer identification number <b>83-0344693</b>		d Employer's social security number [REDACTED]		3 Social security wages [REDACTED]		4 Social security tax withheld [REDACTED]	
c Employer's name, address, and ZIP code <b>SC2 533</b>  <b>SCI FUNERAL &amp; CEMETERY PURCHASING COOP I AGENT FOR SCI ARIZONA FUN</b>  <b>P.O. BOX 130548 HOUSTON TX 77219-0548</b>				5 Medicare wages and tips [REDACTED]		6 Medicare tax withheld [REDACTED]	
e Employee's first name and initial Last name  <b>ELEANOR R RIGGIO</b> <b>8414 N. 80TH PL</b> <b>SCOTTSDALE, AZ 85258</b>				7 Social security tips		8 Allocated tips	
				9 Advance EIC payment		10 Dependent care benefits	
				11 Nonqualified plans		12 a-d	
f Employee's address and ZIP code				14 Other		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>	
15 State Employer's state ID number <b>AZ 0741907163</b>		16 State wages, tips, etc. [REDACTED]		17 State income tax [REDACTED]		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement **2006** REISSUE

a Control number 0000075689		OMB No. 1545-0008		1 Wages, tips, other compensation [REDACTED]		2 Federal income tax withheld [REDACTED]	
b Employer identification number 83-0344693		d Employee's social security number [REDACTED]		3 Social security wages [REDACTED]		4 Social security tax withheld [REDACTED]	
c Employer's name, address, and ZIP code SC2 3  SCI FUNERAL & CEMETERY PURCHASING COOP I AGENT FOR SCI ARIZONA FUN  P.O. BOX 130548 HOUSTON TX 77219-0548				5 Medicare wages and tips [REDACTED]		6 Medicare tax withheld [REDACTED]	
				7 Social security tips		8 Allocated tips	
				9 Advance EIC payment		10 Dependent care benefits	
				11 Nonqualified plans		12 a-d	
14 Other							
e Employee's first name and initial Last name  FRANK A ACUNA 2810 S 1ST AV #B YUMA, AZ 85364-0000				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third Party Sick Pay <input type="checkbox"/>			
f Employee's address and ZIP code							
15 State Employer's state ID number AZ 0741907163		16 State wages, tips, etc. [REDACTED]		17 State income tax [REDACTED]		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form W-2 Wage and Tax  
Statement

2006

REISSUE

a Control number <b>0000086464</b>		OMB No. 1545-0008		1 Wages, tips, other compensation [REDACTED]		2 Federal income tax withheld [REDACTED]	
b Employer identification number <b>83-0344693</b>		d Employee's social security number [REDACTED]		3 Social security wages [REDACTED]		4 Social security tax withheld [REDACTED]	
c Employer's name, address, and ZIP code <b>SD4 233</b>  <b>SCI FUNERAL &amp; CEMETERY PURCHASING COOP I AGENT FOR CALIFORNIA CEME</b>  <b>P.O. BOX 130548 HOUSTON TX 77219-0548</b>				5 Medicare wages and tips [REDACTED]		6 Medicare tax withheld [REDACTED]	
e Employee's first name and initial Last name  <b>JOSEPH W BIERNACKI</b> <b>189 ATHERTON AVE.</b> <b>PITTSBURG, CA 94565-0000</b>				7 Social security tips		8 Allocated tips	
				9 Advance EIC payment		10 Dependent care benefits	
				11 Nonqualified plans		12 a d D [REDACTED]	
f Employee's address and ZIP code				14 Other CASDI [REDACTED]		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>	
15 State Employer's state ID number <b>CA 122-2859-9</b>		16 State wages, tips, etc. [REDACTED]		17 State income tax [REDACTED]		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement**2006****REISSUE**

a Control number <b>0000111529</b>		OMB No. 1545-0008		1 Wages, tips, other compensation [REDACTED]		2 Federal income tax withheld [REDACTED]	
b Employer identification number <b>83-0344693</b>		d Employee's social security number [REDACTED]		3 Social security wages [REDACTED]		4 Social security tax withheld [REDACTED]	
c Employer's name, address, and ZIP code <b>SD4 1045</b>  <b>SCI FUNERAL &amp; CEMETERY PURCHASING COOP I AGENT FOR CALIFORNIA CEME</b>  <b>P.O. BOX 130548 HOUSTON TX 77219-0548</b>				5 Medicare wages and tips [REDACTED]		6 Medicare tax withheld [REDACTED]	
e Employee's first name and Initial Last name  <b>RHEALYN HOLLAND 1011 YGNACIO VALLEY RO APT. 26 WALNUT CREEK, CA 94598</b>				7 Social security tips [REDACTED]		8 Allocated tips [REDACTED]	
				9 Advance EIC payment [REDACTED]		10 Dependent care benefits [REDACTED]	
				11 Nonqualified plans [REDACTED]		12 a-d <b>D</b> [REDACTED]	
f Employee's address and ZIP code  <b>RHEALYN HOLLAND 1011 YGNACIO VALLEY RO APT. 26 WALNUT CREEK, CA 94598</b>				14 Other <b>CASDI</b> [REDACTED]		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>	
15 State Employer's state ID number <b>CA 122-2859-9</b>		16 State wages, tips, etc. [REDACTED]		17 State income tax [REDACTED]		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form

W-2 Wage and Tax  
Statement

2006

REISSUE



a Control number <b>0000068800</b>		OMB No. 1545-0008		1 Wages, tips, other compensation [REDACTED]		2 Federal income tax withheld [REDACTED]	
b Employer identification number <b>83-0344693</b>		d Employee's social security number [REDACTED]		3 Social security wages [REDACTED]		4 Social security tax withheld [REDACTED]	
c Employer's name, address, and ZIP code <b>SK6 77</b>  <b>SCI FUNERAL &amp; CEMETERY PURCHASING COOP I</b> <b>AGENT FOR SCI IOWA FUNERA</b>  <b>P.O. BOX 130548</b> <b>HOUSTON TX 77219-0548</b>				5 Medicare wages and tips [REDACTED]		6 Medicare tax withheld [REDACTED]	
e Employee's first name and Initial Last name  <b>RICHARD LAMASTERS</b> <b>1711 S. 3RD STREET</b> <b>MARSHALLTOWN, IA 50158-0000</b>				7 Social security tips		8 Allocated tips	
				9 Advance EIC payment		10 Dependent care benefits	
				11 Nonqualified plans		12 a-d C [REDACTED] D [REDACTED]	
f Employee's address and ZIP code				14 Other		13 statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>	
15 State Employer's state ID number <b>IA 42-1186703001 3</b>		16 State wages, tips, etc. [REDACTED]		17 State income tax [REDACTED]		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement **2006** REISSUE

a Control number 0000050447		OMB No. 1545-0008		1 Wages, tips, other compensation [REDACTED]		2 Federal income tax withheld [REDACTED]	
b Employer identification number 83-0344693		d Employee's social security number [REDACTED]		3 Social security wages [REDACTED]		4 Social security tax withheld [REDACTED]	
c Employer's name, address, and ZIP code  SCI FUNERAL & CEMETERY PURCHASING COOP I AGENT FOR CALIFORNIA CEME  P.O. BOX 130548 HOUSTON TX 77219-0548				5 Medicare wages and tips [REDACTED]		6 Medicare tax withheld [REDACTED]	
				7 Social security tips		8 Allocated tips	
				9 Advance EIC payment		10 Dependent care benefits	
				11 Nonqualified plans		12 a-d D [REDACTED]	
e Employee's first name and initial GORDON E 151 SHADY LANE VALLEJO, CA 94591-0000				Last name SD4 782 FARMER		14 Other CASDI [REDACTED]	
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>			
15 State CA		Employer's state ID number 005-0348-2		16 State wages, tips, etc. [REDACTED]		17 State income tax [REDACTED]	
				18 Local wages, tips, etc.		19 Local income tax	
						20 Locality name	

Form W-2 Wage and Tax Statement 2005

REISSUE

a Control number 0000076982		OMB No. 1545-0008		1 Wages, tips, other compensation [REDACTED]	2 Federal income tax withheld [REDACTED]
b Employer identification number 83-0344693		d Employee's social security number [REDACTED]		3 Social security wages [REDACTED]	4 Social security tax withheld [REDACTED]
c Employer's name, address, and ZIP code  SCI FUNERAL & CEMETERY PURCHASING COOP 1 AGENT FOR SCI OREGON FUNE  P.O. BOX 130548 HOUSTON TX 77219-0548				5 Medicare wages and tips [REDACTED]	6 Medicare tax withheld [REDACTED]
e Employee's first name and initial Last name  KENNETH R ALLEN PO BOX 2742 EUGENE, OR 97402-0000				7 Social security tips	8 Allocated tips
				9 Advance EIC payment	10 Dependent care benefits
f Employee's address and ZIP code  [REDACTED]				11 Nonqualified plans	12 a-d D [REDACTED]
				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>	
15 State Employer's state ID number OR 0002937-4		16 State wages, tips, etc. [REDACTED]		tips, etc.	19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax Statement **2004**

REPLACEMENT COPY